## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE Commissioner for Patents Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

OF EX. (571)-273-2885

SIDETERM OF THE SHOULD SEE ADDRESS (Note: Use Block I for any change of address) 06/23/2010

34300 7590 DATENT DEPARTMENT (51851)

Note: A certificate of mailing can only be used for domestic mailings of the For(a) Transmittal. This certificate cannot be used for any other accompanying pagers. Each additional paper, such as a nesignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

Lecular this Fee(s) Transmittal is being deposited with the United

becaby certify that this Fee(s) Transmittal is being deposited with the United

becaby certify that this Fee(s) Transmittal is being deposited with the United

becaby certify that this Fee(s) Transmittal is being deposited with the United

becaby certify that this Fee(s) Transmittal is being deposited with the United

becaby certify that this Fee(s) Transmittal is being deposited with the United

becaby certify that this Fee(s) Transmittal is being deposited with the United

becaby certify that this Fee(s) Transmittal is being deposited with the United

becaby certify that this Fee(s) Transmittal is being deposited with the United

becapit control of the Control of the United

becapit control of the United States of the United State

	URTH STREET EM, NC 27101					(Depositor's name)
			<u> </u>			(Signature)
						(Date)
	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO.			David Alexander	IMMR	EMD0002C(434701-067	9176
10/657,079 ITLE OF INVENTION YSTEMS	: INTERFACE DEVIC	E AND METHOD FOR	INTERFACING INSTRU	MENTS TO MEDIC.	al procedure simu	JLATION
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	
nonprovisional	NO	\$1510	\$300	\$0	21810	09/23/2010
EXAMINER		ARTUNIT	CLASS-SUBCLASS			
MUSSELMAN	, TIMOTHY A	3715	434-267000 2. For printing on the p			
Change of correspondence address or indication of "Foe Address" (37 FR 1.55).  [Change of correspondence address (or Change of Correspondence Address form FTO/SB/12) statehod.  [Foe Address' indication (or "Foe Address" Indication form FTO/SB/12) or more recently attached. Use of a Costomet Number is required.			(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or: 2 registered patent after listed, no name will be	e firm (baving as a magent) and the names of agents. If no	mbera 2Kilpat fup to same is 3	rick Stockton,
						document has been filed for
ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSI	ND RESIDENCE DAT less an assignee is iden th in 37 CFR 3.11. Com GNEE	A TO BE PRINTED ON sified below, no assigned pletion of this form is NO	THE PATENT (print or ty e data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CIT	pe) stent. If an assignee assignment.	is identified below, the o	document has been filed for
ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGN	ND RESIDENCE DAT less an assignme is iden in 37 CFR 3.11. Com GNEE	A TO BE PRINTED ON iffied below, no assigner pletion of this form is NO	THE PATENT (print or ty e data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CIT' San Jose	pe) satent. If an assignee assignment. Y and STATE OR COU., Californi	is identified below, the output	
ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSI Immersic lease check the appropri a. The following foc(s)  I issue Foc	ND RESIDENCE DAT (ses an assignce is iden in 37 CFR 3.11. Com GNEE on Corporatio rinte assignce category of are submitted:	A TO BE PRINTED ON iffed below, no assigned pletion of this form is NO DII r categories (will not be p	THE PATENT (print or by data will appear on the part of the substitute for filling an (B) RESIDENCE: (CITS San Jose swinted on the patent):	pe) stept. If an assignee assignment.  If and STATE OR COI  Californi  Individual Corp  see first reapply any	is identified below, the a INTRY)  a pression or other private g previously paid issue for	coup entity Government
ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSI  Immersic lease check the appropri a. The following foc(s)  If issue Foc	ND RESIDENCE DAT less an assignoe is iden the 37 CFR 3.11. Com QNEE on Corporatio riste assignee category of are submitted:	A TO BE PRINTED ON iffed below, no assigned pletion of this form is NO DII r categories (will not be p	THE PATENT (print or by data will appear on the part of the substitute for filling an (B) RESIDENCE: (CITS San Jose swinted on the patent):	pe) stept. If an assignee assignment.  If and STATE OR COI  Californi  Individual Corp  see first reapply any	is identified below, the a INTRY)  a pression or other private g previously paid issue for	roup entity Government
ASSIGNEE NAME A PLEASE NOTE: Un recordation as et flort (A) NAME OF ASSI  Immersic lease check the appropri a. The following fee(s)  It issue Fee Advance Order Change in Eatity Sta	ND RESIDENCE DAT fees an assignoe is iden in 37 CFR 3.11. Com GNEE on Corporatio riste assignee category o are submitted: No small entity discount is of Copies tests (from status indicates	A TO BE PRINTED ON iffed below, so assigned pletion of this form is NO on r categories (will not be p permitted)	THE PATENT (print or ty data will appear on the p To substitute for filing an (B) RESIDENCE: (CIT San Jose winted on the patent): Carbon to the patent of Fee(s): (Place of the patent of Fee(	pc) satent. If an assignee satignment.  r and STATE OR COU , Californi Individual Topon ase first reapply and rd. Form PTO-2038 is y authorized to charge sat Account Number	is identified below, the of INTRY)  a persion or other private governously paid issue for attached, the required face(s), any (5-24.35) (enclose ENTITY status, See 17.	roup entity Government c shown above) deficiency, or credit any an extra cepy of this form).  CFR 1.27(s)(2).
ASSIGNEE NAME A PLEASE NOTE: Un recordation as et flort (A) NAME OF ASSI  Immersic lease check the appropri a. The following fee(s)  It issue Fee Advance Order Change in Eatity Sta	ND RESIDENCE DAT fees an assignoe is iden in 37 CFR 3.11. Com GNEE on Corporatio riste assignee category o are submitted: No small entity discount is of Copies tests (from status indicates	A TO BE PRINTED ON iffed below, so assigned pletion of this form is NO on r categories (will not be p permitted)	THE PATENT (print or ty data will appear on the p To substitute for filing an (B) RESIDENCE: (CIT San Jose winted on the patent): Carbon to the patent of Fee(s): (Place of the patent of Fee(	pe)  astent. If an assignee sustjanment.  f and STATE OR COI , Californi I individual Toop  ase first reapply any d. Form PTO-2038 is y suthorized to charge one of the country of the country of the country of the country  the applicant a registion as a registion.	is identified below, the invitate of the private greaters at the province of the private greaters at the paquing facility and facilities at the paquing facility and facilities greaters at the paquing facilities greaters at the	roup entity Government e shown above) deficiency, or credit sny sn extra copy of this form).  CFR 1.27(g)(2). the satigned or other parry i
ASSIGNEE NAME A PLEASE NOTE: Un recordation as et flort (A) NAME OF ASSI  Immersic lease check the appropri a. The following fee(s)  It issue Fee Advance Order Change in Eatity Sta	ND RESIDENCE DAT fees an autopae in idea in 37 CFR 31.1 Com ONES  On Corporatic riste assignee caregory o are submisted: No small entity discount a of Copies  des (from status indicate as SMALL ENTITY at an 38 MALL ENTITY of the records of the United St	A TO BE PRINTED ON iffed below, so assigned pletion of this form is NO on r categories (will not be p permitted)	THE PATENT (print or ty data will appear on the p To substitute for filing an (B) RESIDENCE: (CIT San Jose winted on the patent): Carbon to the patent of Fee(s): (Place of the patent of Fee(	pe)  action. If an assignee assignment.  action of the state of the state of the state  action of the state o	is identified below, the interpretation of other private government of the private government of the properties by paid issue for attached.  If the property face (s), sory the government of the property face (s), sory red electroney or agent, or	roup entity Government e shown above) deficiency, or credit sny sn extra copy of this form).  CFR 1.27(g)(2). the satigned or other parry i
ASSIGNEE NAME A PLEASE NOTE: Up recordation as set fort (A) NAME OF ASSI  Immer Sai.  The following fee(s)  Issue Fee Chapter of the set of the	ND RESIDENCE DAT fees an audigose In idea in a 77 crit All 1. Com ONES  On Corporatic riste assignee casegory o are submitted: if of Copies  itses (from status indicate as SMALL ENTITY status as SMALL ENTITY and a Publication Fee (if re- records of the United St	A TO BE PRINTED ON A TO BE PRINTED ON A TO BE PRINTED ON TO TO TO COMPANY TO	THE PATENT (print or by the say the patent of the patent of the patent on the patent of the patent o	pe)  and State of the service of the	is identified below, the interpretation of other private governments paid issue for anisached. The province free (), say, the pro	roup entity Government e shown above) deficiency, or credit sny sn extra copy of this form).  CFR 1.27(g)(2). the satigned or other parry i

Under the Paperwick Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.